| PATENT APPLICATION FEE DETERMINATION RECORD    |   |  |                |                               |                     |                   |                |                   | Application or Docket Number |            |                     |                        |  |  |
|--|---|--|----------------|-------------------------------|---------------------|-------------------|----------------|-------------------|------------------------------|------------|---------------------|------------------------|--|--|
| Zincolive October 1, 2000                      |   |  |                |                               |                     |                   |                |                   |                              |            |                     |                        |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) |   |  |                |                               |                     |                   | SMAL<br>TYPE   | L ENTR            |                              | OR         | OTHER<br>SMALL      |                        |  |  |
| TC   | OTAL CLAIMS   |  | 95             |                               | ·                   |                   | RAT            | E F               | EE                           |            | RATE                | FEE                    |  |  |
| FC   | )R  |  | NUMBER FILED   |                               | NUMBER EXTRA        |                   | BASIC          | FEE 35            | 5.00                         | OR         | BASIC FEE           | 710.00                 |  |  |
| тс   | TAL CHARGE  | ABLE CLAIMS  | 95minus 20=    |                               | 75                  |                   | X\$ :          | )= \{\frac{2}{3}} | 75                           | OR         | X\$18=              |                        |  |  |
|  | DEPENDENT C   |  | 5 minus 3 =    |                               | 2                   |                   | X40            | )= P              | 0                            | OR         | X80=                |                        |  |  |
| ML   | ILTIPLE DEPEN   | IDENT CLAIM P  | RESENT         |                               |                     |                   | +13            | 5=                |                              | OR         | +270=               |                        |  |  |
| - If   | the difference  | in column 1 is   | less than ze   | tero, enter "0" in column 2   |                     |                   | TOT            | AL //             |                              | OR         | TOTAL               |                        |  |  |
| CLAIMS AS AMENDED - PART II                    |   |  |                |                               |                     |                   |                |                   | لسيد                         |            | OTHER               | THAN                   |  |  |
| -  |   | (Column 1)   | <del></del>    | (Colur                        |                     | (Column 3)        | SMA            | LL ENT            |                              | DR         | SMALL               |                        |  |  |
| AMENDMENT A                                    | , ,   | REMAINING<br>AFTER<br>AMENDMENT                                |                | NUM<br>PREVIO<br>PAID         | BER<br>DUSLY        | PRESENT<br>EXTRA  | RAT            | E TIC             | DDI-<br>DNAL<br>EE           |            | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
| 8  | Total   | . 95   | Minus          | <b>.</b> 9                    | 5                   | = /               | X\$ 9          | )=                |                              | OR         | X\$18=              |                        |  |  |
| AME  | Independent   | . 5  | Minus          | ***                           | 5                   | = (               | X40            | =                 | 7                            | OR         | X80=                | 7                      |  |  |
|  | FIRST PRESE   | NTATION OF MI  | JETIPLE DEI    | PENDEN                        | CLAIM               |                   | +135           | j= ,              | 7                            | ЭR.        | +270=               | 1                      |  |  |
|  |   |  |                |                               |                     |                   | TO<br>ADDIT.   | TAL               |                              | OR ,       | TOTAL<br>ADDIT, FEE |                        |  |  |
|  |   | ADDII.   |                |                               | •                   | 10011.1 221       |                |                   |                              |            |                     |                        |  |  |
| AMENDMENT B                                    |   | CLAIMS REMAINING AFTER AMENDMENT                               |                | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY        | PRESENT<br>EXTRA  | RAT            | E TIO             | DDI-<br>NAL<br>EE            |            | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
| SOS  | Total   | •  | Minus          | ••                            | <u>.</u>            | =                 | X\$ 9          | =                 |                              | OR         | X\$18=              |                        |  |  |
| AME  | Independent   |  | Minus          | •••                           |                     |                   | X40            | =                 |                              | OR.        | X80=                |                        |  |  |
|  | FIRST PRESE   | NTATION OF MU  | JETIPLE DEI    | ENDENI                        | CLAIM               |                   | +135           | =                 |                              | DR         | +270=               |                        |  |  |
|  |   |  |                |                               |                     |                   | TO<br>ADDIT.   | TAL               |                              | )<br> <br> | TOTAL<br>ADDIT. FEE |                        |  |  |
|  | (Column 1) (Column 2) (Column 3)  |  |                |                               |                     |                   |                |                   |                              | •          | AUUII. PEEK         |                        |  |  |
| AMENDMENT C                                    | • •   | CLAIMS REMAINING AFTER AMENDMENT                               | 9              | HIGH<br>NUM<br>PREVIO<br>PAID | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA  | RAT            | E TIO             | DI-<br>NAL<br>EE             |            | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
| ND SW  | Total   | •  | Minus          | **                            |                     | =                 | X\$ 9          | -Y-               |                              | DR         | X\$18=              |                        |  |  |
| (ME)   | Independent   | •  | Minus          | •••                           |                     | 2                 | X40            | <u>.</u>          |                              | )R         | X80=                |                        |  |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |                |                               |                     |                   |                | =                 |                              | Ì          |                     |                        |  |  |
|  | <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> </ul> |  |                |                               |                     |                   |                |                   |                              | R          | +270=               |                        |  |  |
| · • •  | II the "Highest Nu  | mber Previously Pa<br>mber Previously Pa<br>mber Previously Pa | uid For IN THI | S SPACE is                    | s less thai         | n 20, enter "20." | TO<br>ADDIT. F |                   |                              | R ,        | TOTAL<br>ADDIT. FEE |                        |  |  |
|  |   | nber Previously Pai  |                |                               |                     |                   | found in the   | appropri          | ate box i                    | n coli     | umn 1.              |                        |  |  |